A	UNIFORM HAZARDOUS  WASTE MANIFEST  CAD	rator's US EPA ID No.	Manifest Document No.	2.Page 1	Information is not re	n in the shaded areas quired by Federal	
	3. Generator's Name and Mailing Address Silicon General			AState Manifest Document Number			
	11651 Monarch St., Garden Grove, Ca. 92641				6. State Generator's ID CAD047781203		
	5. Transporter 1 Company Name 6. US FPA ID Number			C.State Transporter's ID 60 CAG			
	CAD042245001			D.Transporter's Phone 213/698-0991			
	L. S. Er Alb Mulliber			E.State Transporter's ID F.Transporter's Phone			
	<ol> <li>Designated Facility Name and Site Address</li> <li>US EPA ID Number</li> <li>Omega Chemical Corp.</li> </ol>			G.State Facility's ID			
	12504 E. Whittier Blvd.			CAD042245001 H.Facility's Phone			
П	Whittier, Ca. 90602 CAD042245001			213/698-0991			
1	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			1	Total U	4. nit L	
G E N	Hazardous Waste Liquid N.O.S		No.	Type Qu	iantity W	Vol Waste No.	
ER	(Micro-Strip)	ORM-E NA 9189	02	DM /	10	G 211	
A T	b.						
R							
	С.						
						1) 4)	
	d.					(F)	
	J. Additional Descriptions for Materials Listed Above  MICAOSTRIPA PHOTO RESIST  K.Handling Codes for Wastes Listed  A) 99						
	15. Special Handling Instructions and Additional Information						
	16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.  Date						
A	Printed/Typed Name	Signature	While.		***************************************	Month Day Year	
T R	17. Transporter 1 Acknowledgement of Receipt of	Materials	2 h marin		·····	Date	
TRANSPORTER	Frinted/Typed Name FGAC Woods Jr Signature Dava Woods Month Day Yell Signature						
POR	18. Iransporter 2 Acknowledgement or Receipt of Materials				2000	Date	
T E R	Printed/Typed Name	Signature				Month Day Year	
	19. Discrepancy Indication Space						
FACILITY							
TY	C. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
	Printed/Typed Name	Signature	# 1	nà.		Month Day Year	
	STEVEN SIMPSONI		eucha	Mon		050985	